

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-676)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		NO.	EP.
	NO.	DEP.	NO.	DEP.	NO.	DEP.		
1							61	
2							62	
3							63	
4							64	
6							65	
6							66	
7							67	
8							68	
9							69	
10							60	
11							61	
12							62	
13							63	
14							64	
16							65	
16							66	
17							67	
18							68	
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25							75	
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29							79	
30							80	
31							81	
32							82	
33							83	
34							84	
36							85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
46							95	
46							96	
47							97	
48							98	
49							99	
60							100	
TOTAL IN							TOTAL NO.	3
TOTAL DEP.							TOTAL DEP.	58
TOTAL							TOTAL	61